

IMPROVING PATIENT PREPAREDNESS PRIOR TO OBSTETRIC FISTULA REPAIR SURGEY IN RWANDA: A FEASIBILITY STUDY



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BACKGROUND

- Studies of obstetric fistula patients have shown poor overall awareness and knowledge of the condition.
- Research regarding optimization of preoperative counseling for genitourinary fistula repairs in low-resource settings is limited.

OBJECTIVES

To explore the utility and feasibility of a low-cost preoperative education and counseling initiative for women undergoing fistula repair in Kigali, Rwanda, utilizing an anatomy sheet and an educational booklet.

METHODS

- Population: Women over the age of 18 years presenting to Kibagabaga District Hospital in Kigali, Rwanda with a confirmed urogenital and rectovaginal fistula
- 2 phases
 - Phase I- Pilot testing of intervention materials
 - Phase II- Implementation of surgical counseling with tested materials, and measuring pre- and post test scores on knowledge question to test efficacy of intervention (Planned October 2022)
- Phase I: All intervention materials (Figure 1) were presented to women who had recently undergone surgery for obstetric fistula repair to assess
 - understanding of translated materials
 - cultural appropriateness of the intervention materials

FIGURE 1: Intervention materials

Subject ID: _____ Rwanda Preoperative Counseling Study
Date: _____

Part 2: Fistula Knowledge (pre-test and post-test)

Domain I: Knowledge of condition

1. What is a fistula?
2. What causes a fistula? (multiple choice)
 - a. Cephalopelvic disproportion
 - b. Evil spirits
 - c. Maternal malnutrition
 - d. Delay in going to health facility during labor
 - e. Neglect of midwives or healthcare workers during labor
 - f. Surgical errors
 - g. Difficult labor
 - h. Rape or sexual abuse
 - i. Female genital mutilation
 - j. Malpositioning of fetus during delivery
 - k. Delivering at home without the assistance of a skilled attendant
 - l. Early marriage and pregnancy.
 - m. Bad luck
3. Is a fistula preventable?
 - a. Yes
 - b. No
4. What are 4 ways to prevent a fistula?

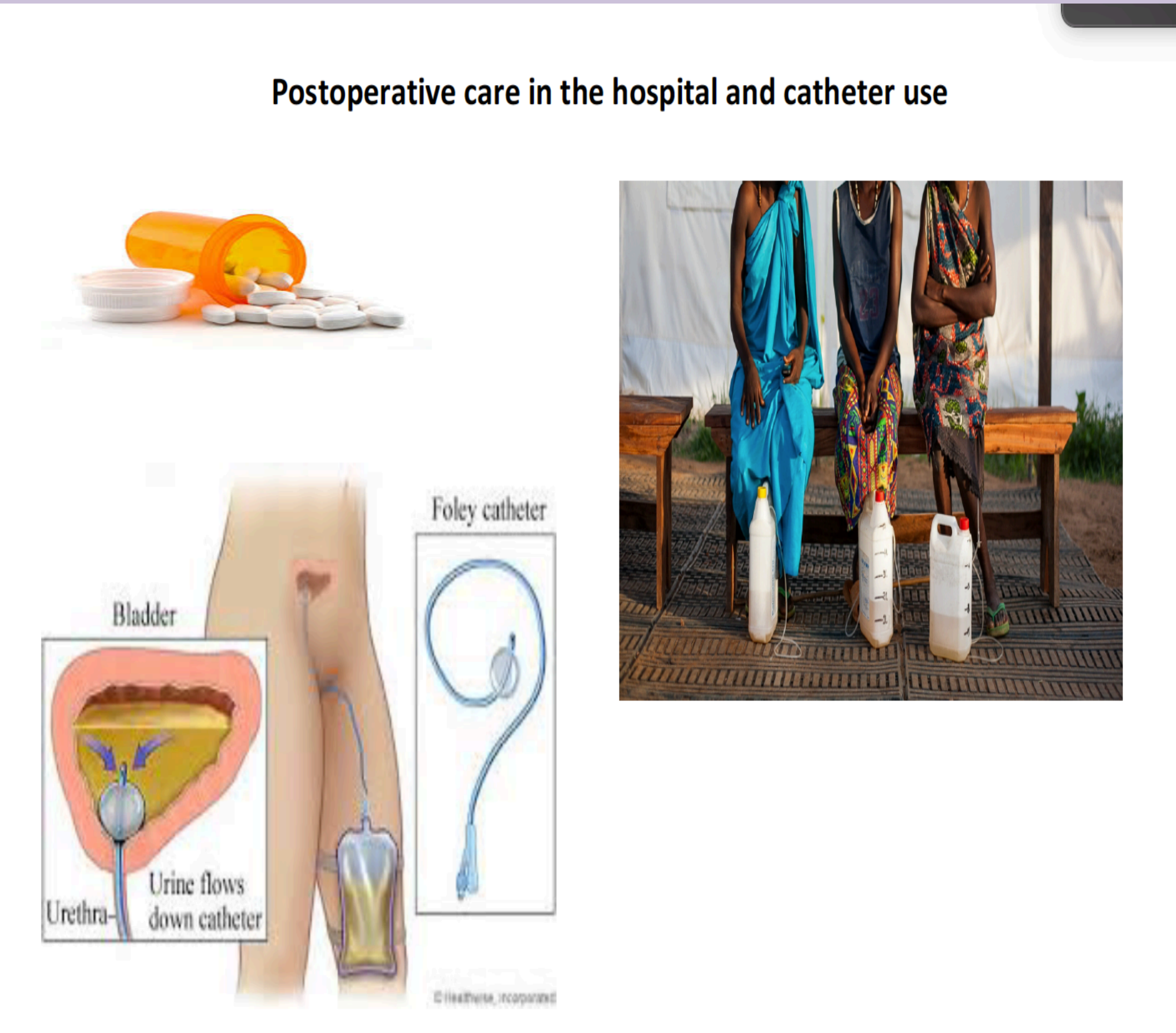
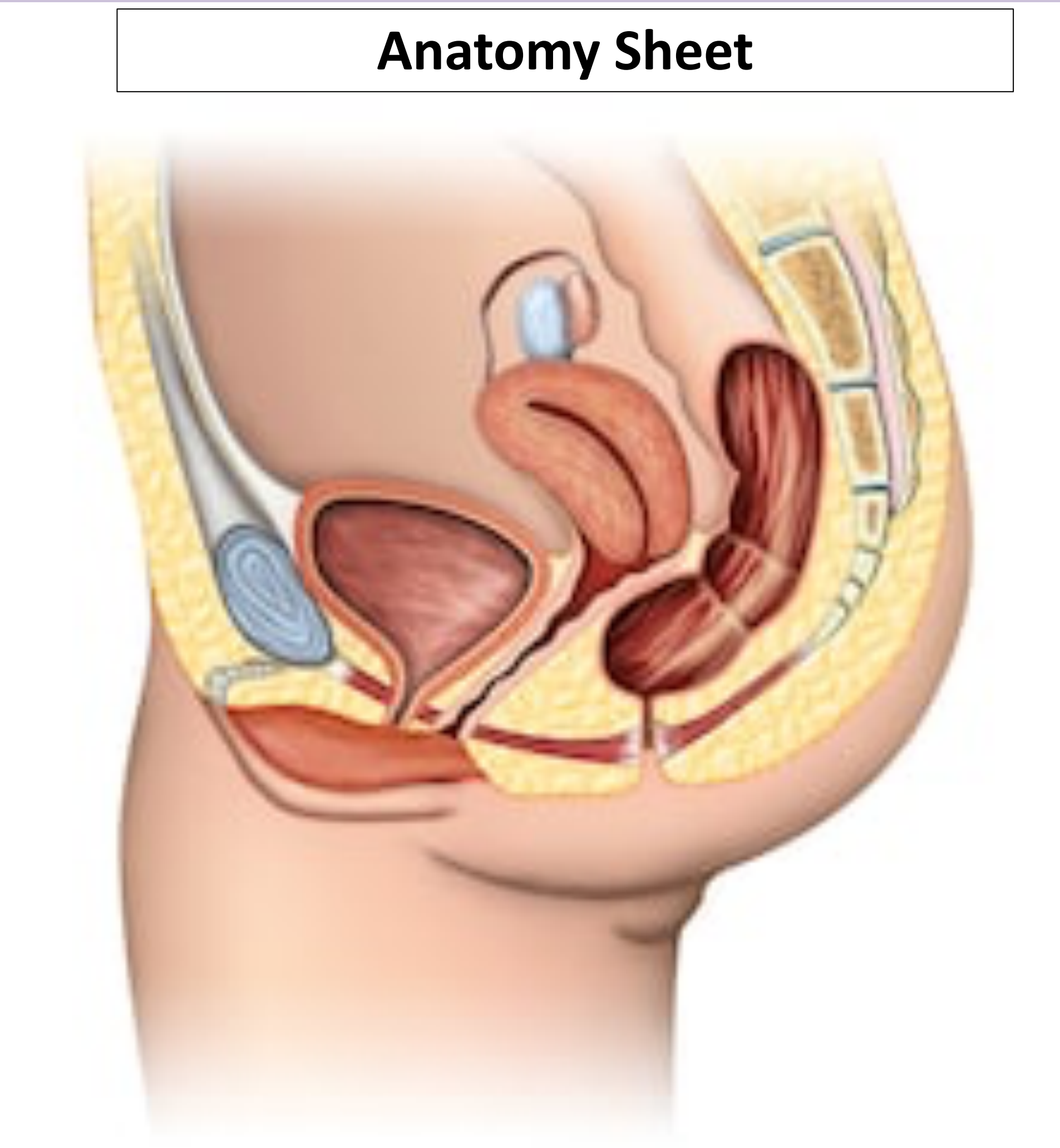
Domain II: Knowledge of surgery to treat fistula

1. What are 3 risks associated with surgery?
2. What is the goal of the surgery you are having?
3. How will the surgery be performed?
4. How will the surgeons ensure that you are comfortable during the surgery?
5. Do / Did you feel that you have / had a choice to decide whether or not to have this surgery?

Domain III: Knowledge of post- operative expectations, care and complications

1. What are 5 complications that may occur after the surgery?
2. Why is a catheter necessary? How long will it be in place?
3. What are some things that you can do to help your body heal properly after surgery?
4. When can you resume sexual intercourse?
5. How can this be prevented in your next pregnancy?

Knowledge questionnaire
(Adapted from previous studies)



Sample page from Education Booklet

RESULTS

- 5 women were recruited for phase 1 in October 2019
- Median age of 23(range 19- 47) years
- Median time that the fistula was present was 2years(range 6months- 9 years).
- Surgical procedures that the women underwent included repair of rectovaginal fistula, vaginal repair of vesicovaginal fistula, and abdominal repair of cervico-vesico vaginal fistula.

Translation

- The translated questionnaires and materials were rated as “easy to understand” by 80% of participants, and “somewhat easy” to by 20% of participants.

Cultural appropriateness and relevance

- Suggestions by participants regarding their thoughts about the education booklet included usage of real -life image instead of animated images (80%)
- Enhanced explanation of the use of anesthesia (67%)
- Removal of misconception that fistulas are caused by spiritual curses as all participants felt that this is not prevalent thought.
- 80% of women felt that the materials were culturally appropriate.
- Finally, all participants felt that the information they learned from the education booklet was useful.

CONCLUSIONS

Perioperative counselling with an anatomy sheet and education booklet utilizing an education booklet was acceptable and information provided had the ability to educate women on causes, treatment, prevention of obstetric fistula and perioperative risks and expectations for fistula surgery